

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

| <b>Title of<br/>Invention</b>   | Stones-like laminates |                     |  |                 |             |           |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
|---|-----------------------|---------------------|--|-----------------|-------------|-----------|-------------|--------------------|-------------------|-----|------|---|---|------------------------|--|------|----|---|--|--|--|--------------------------------------|--|
| Application Number :  |                       |                     |  |                 |             |           |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
| Date :  |                       |                     |  |                 |             |           |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
| First Named Applicant:  |                       | Mr. Michel Rochette |  |                 |             |           |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
| Attorney Docket Number:   |                       |                     |  |                 |             |           |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
| <b>TOTAL FEE AUTHORIZED \$ 375</b>  |                       |                     |  |                 |             |           |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
| Patent fees are subject to annual revisions on or about October 1st of each year.   |                       |                     |  |                 |             |           |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
| Filing as small entity  |                       |                     |  |                 |             |           |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
| BASIC FILING FEE  |                       |                     |  |                 |             |           |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>375</td><td>375</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 375</td></tr></tbody></table>  |                       |                     |  | Fee Description | Fee Code    | Amount \$ | Fee Paid \$ | Utility Filing Fee | 2001              | 375 | 375  |   |   |                        | Subtotal For Basic Filing Fees: \$ 375 |      |    |   |  |  |  |                                      |  |
| Fee Description   | Fee Code              | Amount \$           | Fee Paid \$                            |                 |             |           |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
| Utility Filing Fee  | 2001                  | 375                 | 375                                    |                 |             |           |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
|   |                       |                     | Subtotal For Basic Filing Fees: \$ 375 |                 |             |           |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
| EXTRA CLAIM FEES  |                       |                     |  |                 |             |           |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 12</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 1</td><td>0</td><td>2201</td><td>42</td><td>0</td></tr><tr><td colspan="3"></td><td colspan="2">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table> |                       |                     |  | Fee Description | Extra Claim | Fee Code  | Amount \$   | Fee Paid \$        | Total Claims : 12 | 0   | 2202 | 9 | 0 | Independent Claims : 1 | 0                                      | 2201 | 42 | 0 |  |  |  | Subtotal For Extra Claims Fees: \$ 0 |  |
| Fee Description   | Extra Claim           | Fee Code            | Amount \$                              | Fee Paid \$     |             |           |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
| Total Claims : 12   | 0                     | 2202                | 9                                      | 0               |             |           |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
| Independent Claims : 1  | 0                     | 2201                | 42                                     | 0               |             |           |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
|   |                       |                     | Subtotal For Extra Claims Fees: \$ 0   |                 |             |           |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
| <b>AUTHORIZED BILLING INFORMATION</b>   |                       |                     |  |                 |             |           |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
| <b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>   |                       |                     |  |                 |             |           |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
| Credit account number:  |                       | 7806                |  |                 |             |           |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
| Expiration Date (YYYYMMDD):   |                       | 2003-05-31          |  |                 |             |           |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
| Authorized name:  |                       | karine Truchon      |  |                 |             |           |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
| Billing address:  |                       | g0a 2c0             |  |                 |             |           |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |